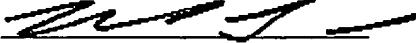


PATENT

MS146909.1

**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this correspondence (along with any paper referred to as being attached or enclosed) is being faxed to 703-872-9306 on the date shown below to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Date: 6-7-04
  
 Himanshu S. Amin

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**OFFICIAL****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re patent application of:

Applicant(s): Srivatsan Parthasarathy *et al.*

Examiner: Michael R. Vaughan

Serial No: 09/605,602

Art Unit: 2131

Filing Date: June 28, 2000

Title: SHARED NAMES

**Mail Stop AF**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**

**REPLY TO FINAL OFFICE ACTION DATED JANUARY 14, 2004**

Dear Sir:

Favorable reconsideration of the above-identified patent application is respectfully requested in view of the comments and amendments below. The Commissioner is authorized to charge a two-month extension fee of \$420.00 to Deposit Account No. 50-1063 (Ref. No. MSFTP118US).